

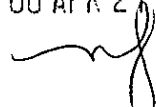
# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # B97000000680**

1. Entity Name  
**GOLDEN WEST LIMITED PARTNERSHIP**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 21 AM 3:05




DO NOT WRITE IN THIS SPACE

Principal Place of Business      Mailing Address

448 VIKING DRIVE, SUITE 220      448 VIKING DRIVE, SUITE 220  
VIRGINIA BEACH VA 23452      VIRGINIA BEACH VA 23452-7331

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For

**54-1823322**      Not Applicable

5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

9. Capital Contributions as Shown on record.      \$122,500.00      10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<b>F97000006651 GOLDEN WEST, INC. 448 VIKING DRIVE, SUITE 220 VIRGINIA BEACH VA 23452</b>	STREET ADDRESS	<b>700003243967--8 -05/12/00--01026--001 ***526.25 ***526.25</b>
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	
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DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: SIGNATURE REQUIRED      1/17/00      757-463-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #

CR2E003 (9/99)